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Research on the Application of Scenario-Simulation Teaching Method Integrated with Professional Values Education in Surgical Nursing Practical Training

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ABSTRACT

Objective: To explore the application effect of integrating professional values education (emphasizing humanistic care, ethical practice, and team collaboration) into scenario-simulation teaching in Surgical Nursing practical training, and to provide practical references for achieving the dual goals of “skill cultivation and value guidance” in nursing majors’ practical training courses. **Methods:** A total of 120 nursing students (Grade 2023) from a university, who attended the course from March to July 2025, were selected as research subjects. They were randomly divided into the observation group (60 students) and the control group (60 students) by class. The control group adopted the traditional scenario-simulation teaching method (focusing solely on skill training), while the observation group used the integrated teaching method of “values education + scenario simulation”. The specific implementation included establishing a full-time and part-time integrated values education teaching team, revising the practical training syllabus with integrated value-oriented goals, developing clinically oriented ethically integrated scenario cases, and implementing hierarchical teaching in the “pre-class, in-class, and post-class” stages. After the course, the humanistic care ability, emotional intelligence, supportive communication ability, and teaching effect evaluation of the two groups were compared. **Results:** After the intervention, the total score of humanistic care ability (195.08 ± 14.87), total score of emotional intelligence (135.85 ± 6.49), total score of supportive communication ability (70.35 ± 6.48), and total score of teaching effect evaluation (108.45 ± 5.33) in the observation group were significantly higher than those in the control group, with statistically significant differences (t values were -2.859, -6.784, -5.052, and -8.486 respectively, all $P < 0.05$). **Conclusion:** The integrated teaching method of professional values education and scenario simulation can effectively improve the quality of Surgical Nursing practical training. It not only strengthens students’ nursing operation skills but also significantly enhances their humanistic care ability, emotional intelligence, and communication ability, thereby helping to achieve the trinity nursing talent cultivation goal of “knowledge impartment, ability cultivation, and value guidance”.

KEY WORDS: Practical Training Teaching; Professional Values Education; Surgical Nursing; Scenario Simulation; Humanistic Care; Emotional Intelligence; Communication Skills

Introduction

In line with the national education guidelines in China, there is an increasing emphasis on integrating value-oriented education into professional courses to achieve the synergy of “moral education” and “skill cultivation” [1]. With the advancement of the “Healthy China 2030” strategy, clinical nursing work has put forward higher requirements for the comprehensive quality of practitioners: they not only need to have solid operational skills but also possess awareness of humanistic care, professional ethics, and effective communication skills[2-4]. However, there is an imbalance of “emphasizing skills while neglecting values education” in current nursing education. As a core course for nursing majors, Surgical Nursing focuses mostly on training operational procedures (such as gastrointestinal decompression and stoma care) in its practical training sessions, while neglecting the cultivation of students’ professional values and medical ethics. This leads to problems such as low professional identity and poor nurse-patient communication when some nursing students enter clinical practice[5-7].

The implementation of values education in nursing education mainly involves organically integrating ethical and humanistic elements (such as humanistic care, honest medical practice, and team collaboration) with professional knowledge to achieve the synergy of “character formation” and “skill cultivation”[8]. The scenario-simulation teaching method, by creating real clinical scenarios, enables students to deepen emotional cognition and improve practical abilities through role experience[9-10]. Based on this, this study explores the integrated teaching model of “professional values education + scenario simulation”, identifies the entry points for value-oriented elements in Surgical Nursing practical training, and aims to solve the problem of “disconnection between values guidance and skill training” in traditional practical teaching through systematic teaching design, thereby providing empirical evidence for the reform of nursing majors’ practical training courses.

1. Materials and Methods

1.1 General Information

A total of 120 nursing students (from two classes of Grade 2023) in a university were selected as research subjects from March to July 2025. They were randomly divided into the observation group (60 students, one class) and the control group (60 students, the other class) by drawing lots.

Observation group: 8 males and 52 females; aged 20-23 years, with an average age of (20.95±0.61) years; the average score of previous core courses (e.g., Systematic Anatomy, Physiology) was (82.3±4.1).

Control group: 7 males and 53 females; aged 20-23 years, with an average age of (20.83±0.57) years; the average score of previous core courses was (81.9±3.8).

There were no statistically significant differences in baseline data (gender, age, academic performance of previous courses) between the two groups ($P>0.05$), indicating comparability. All students had completed basic medical courses and attended parallel courses (e.g., Fundamentals of Nursing, Health Assessment) during the same period to ensure consistent teaching background. All participants gave their informed consent for inclusion before they participated in the study.

1.2 Ethical Statement

This study was reviewed and approved by [Biological and Medical Ethics Committee of Pingdingshan University] with the approval

number: [2025-020], dated [March 10, 2025].

1.3 Teaching Methods

The two groups used the same practical training textbooks, teaching content (five core practical training items: gastrointestinal decompression, colostomy care, T-tube drainage, bladder irrigation, and orthopedic nursing), and teaching progress. Each group was divided into 4 large subgroups (15 students per subgroup), with 4 teachers each in charge of one large subgroup from the observation group and one from the control group. Each large subgroup was further divided into 3 study groups (5 students per group, with one group leader).

1.3.1 Control Group: Traditional Scenario-Simulation Teaching Method

Teaching was designed solely around “skill achievement”, with the following specific process: ①Pre-class: Teachers released practical operation videos and cases (without values elements) through an online platform for students to preview independently; ②In-class: Groups demonstrated scenario simulations (focusing on operational procedures, e.g., “steps of colostomy care”), teachers commented on the standardization of operations, and students practiced repeatedly; ③Post-class: Students completed practical training reports, recording key operation points and common mistakes.

1.3.2 Observation Group: Integrated Teaching Method of Professional Values Education and Scenario Simulation

A four-in-one teaching system of “team-syllabus-cases-implementation” was constructed, with specific measures as follows:

(1) Establishing a Full-Time and Part-Time Integrated Values Education Teaching Team

The team consisted of 9 members: ①6 full-time teachers (1 professor, 1 associate professor, 3 lecturers, 1 teaching assistant): responsible for identifying values elements, compiling scenario cases, and implementing teaching; ②3 clinical teachers (1 chief nurse, 1 associate chief nurse, 1 senior nurse from affiliated hospitals): responsible for collecting real clinical cases and providing clinical ethical and humanistic materials (e.g., cases of “multidisciplinary collaboration in rescuing critically ill patients”).

The team conducted special training in advance, covering content such as “skills for identifying values elements in nursing practical training courses” and “grasping the balance of integrating ethical elements into scenario simulations”. Weekly collective lesson preparation was carried out to ensure the synergy of value-oriented goals and skill goals.

(2) Revising the Practical Training Syllabus with Integrated Value-Oriented Goals

Based on the university’s nursing talent cultivation program and the requirements for nursing talents under the “Healthy China” strategy, “quality objectives” (integration of professional values) were added to the original “knowledge objectives” and “skill objectives”, and values elements were corresponded to specific practical training items:

Practical Training Item	Knowledge Objectives	Skill Objectives	Quality Objectives (Integration of Professional Values)
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Gastrointestinal Decompression Care	Master the principle and indications of gastrointestinal decompression	Standardize the insertion and fixation of gastric tubes, and the connection of negative pressure drainage boxes	Cultivate a sense of responsibility (e.g., rigor in verifying patient information)
Colostomy Care	Understand the clinical significance of colostomy care	Proficiency in changing colostomy bags	Cultivate empathy (concern for patients' psychological inferiority after colostomy)
Orthopedic Patient Care	Master the key points of rehabilitation for patients with fractures	Standardize the handling of patients with fractures, assist in turning over, and guide functional exercises	Strengthen team collaboration (e.g., division of labor in multi-person collaborative handling)
T-Tube Drainage Care	Master the observation points of T-tube drainage	Correctly change drainage bags and accurately record the color, property, and volume of drainage fluid	Establish a rigorous attitude (e.g., awareness of reporting abnormal drainage fluid in a timely manner)
Bladder Irrigation Care	Understand the purpose of bladder irrigation	Standardize the implementation of irrigation procedures	Enhance humanistic care (e.g., protecting patients' privacy during operations)

(3) Developing Clinically Oriented Ethically Integrated Scenario Cases

Each case included four parts: "case summary - problem scenario - real clinical case - knowledge expansion", ensuring that "values elements are not obtrusive and skill training is not weakened". Taking "orthopedic patient care" as an example, the specific case design is as follows:

1) Case summary: Granny Li, 65 years old, was admitted to the hospital due to "right hip pain with limited mobility for 1 day", diagnosed with "subcapital femoral neck fracture (Pauwels angle 65°)", with a history of hypertension for 15 years and diabetes for 10 years.

2) Problem scenarios (with values integration points): ①Scenario 2 (humanistic care): Granny Li suffered from insomnia and worried about surgical costs after learning she needed surgery. Students simulated "assessing psychological problems + psychological counseling" to understand that "patients need not only physical care

but also psychological support"; ②Scenario 5 (ethical practice): During the escort to the operating room, the family offered a red envelope. Students simulated "politely refusing the red envelope + explaining that 'ethical practice is the bounden duty of medical staff'" to strengthen professional ethics.

3) Real clinical case: A case of "multidisciplinary collaboration (orthopedics + endocrinology + operating room) to reduce surgical risks for a 95-year-old fracture patient" was inserted to reflect the spirit of team collaboration.

4) Knowledge expansion: The clinical practice of "systematic nursing promoting the rapid rehabilitation of fracture patients" was introduced to convey the nursing concept of "patient-centered care".

(4) Implementing Hierarchical Teaching in "Pre-Class, In-Class, and Post-Class" Stages

1) Pre-class: Preview and script design

Teachers released values-integrated scenario cases, operation videos, and a "scenario script writing guide" (requiring scripts to include "role interaction logic" and "embodiment points of values elements") through the online platform 1 week in advance; students collaborated in groups to write scripts (e.g., dialogues between "nurse-patient-family") and rehearsed in the open training room, with teachers providing online guidance on script revisions (e.g., "In the scenario of 'refusing red envelopes', nurses' language should be gentle but firm to avoid bluntness").

2) In-class: Demonstration and value-based guidance

①Scenario demonstration: Groups were randomly selected to demonstrate different scenarios (e.g., "preoperative psychological counseling for Granny Li", "handling of fracture patients"), requiring students to immerse themselves in role emotions (e.g., "the patient role should show fear of surgery"); ②Comment and discussion: Teachers first commented on the standardization of operations, then guided value-based discussions (e.g., "How did the nurse show respect for Granny Li in the simulation? What other psychological support can be provided for similar patients in clinical practice?"); ③Summary and practice: Teachers summarized key values points (e.g., "Ethical practice is not a slogan but every refusal of red envelopes and every honest communication with patients in clinical practice"), and students practiced repeatedly in combination with values requirements.

3) Post-class: Reflection and expansion

In addition to completing practical training reports, students were required to write a "values reflection log", including: ①Understanding of values elements in scenario simulations (e.g., "By playing the role of a patient, I realized that 'listening' is more important than 'lecturing' in nurse-patient communication"); ②Changes in personal professional values; ③Suggestions for values education. Teachers completed reviews and feedback within 1 week, and recommended students to read "typical cases of humanistic care" (e.g., "nursing stories of Nightingale Award winners") and watch "documentaries on medical staff fighting against the epidemic" through the online platform to deepen their understanding of professional values.

1.4 Observation Indicators

(1) Humanistic Care Ability

The Caring Ability Inventory (CAI), translated and revised by Xu Juan, was used. This scale is widely applied in domestic nursing student research, with a Cronbach's α coefficient of 0.839[11-12]. It

includes 3 dimensions (cognition: 14 items, courage: 13 items, patience: 10 items) and a total of 37 items, scored on a Likert 7-point scale. The total score ranges from 37 to 259, with higher scores indicating stronger humanistic care ability.

(2) Emotional Intelligence

The Emotional Intelligence Scale (EIS), translated by Wang Caikang, was used, with a Cronbach's α coefficient of 0.83[13-14]. It includes 4 dimensions (emotion perception: 12 items, self-emotion regulation: 8 items, others' emotion understanding: 6 items, emotion utilization: 7 items) and a total of 33 items, scored on a Likert 5-point scale. The total score ranges from 33 to 165, with higher scores indicating higher emotional intelligence.

(3) Supportive Communication Ability

The Supportive Communication Scale (SCS) was used, with a Cronbach's α coefficient of 0.734 and a content validity of 0.95[15-16]. It includes 3 dimensions (consultation and guidance: 6 items, effective negative feedback: 6 items, supportive communication: 8 items) and a total of 20 items, scored on a Likert 6-point scale. The total score ranges from 20 to 100, with higher scores indicating stronger communication ability (20-48: poor, 49-63: moderate, 64-71: good, >71: excellent).

(4) Teaching Effect Evaluation

The Nursing Practical Training Teaching Effect Evaluation Questionnaire, developed by Li Hui et al., was used, with a Cronbach's α coefficient of 0.94[17]. It includes 4 dimensions (scenario-simulation teaching effect: 12 items, values education teaching effect: 6 items, case compilation effect: 6 items, overall recognition: 1 item) and a total of 25 items, scored on a Likert 5-point scale. The total score ranges from 25 to 125, with higher scores indicating higher student recognition.

1.5 Statistical Methods

SPSS 22.0 software was used for data analysis. Measurement data were expressed as (mean $\pm$ SD), and inter-group comparisons were conducted using independent samples *t*-test. The test level was $\alpha=0.05$.

2. Results

2.1 Comparison of Humanistic Care Ability Between the Two Groups

Before the intervention, there were no statistically significant differences in the total score of humanistic care ability and scores of each dimension between the two groups ($P>0.05$); after the intervention, the total score and scores of cognition, courage, and patience dimensions in the observation group were significantly higher than those in the control group, with statistically significant differences ($P<0.05$). See Table 1.

Table 1 Comparison of Humanistic Care Ability Scores Between the Two Groups Before and After Teaching (mean $\pm$ SD, scores)

Stage	Dimension	Control Group (n=60)	Observation Group (n=60)	<i>t</i>	<i>P</i>
Pre-teaching	Cognition	72.03 $\pm$ 4.70	71.10 $\pm$ 3.84	1.190	0.236
	Courage	56.90 $\pm$ 5.47	56.58 $\pm$ 4.92	0.333	0.739
	Patience	53.70 $\pm$ 4.71	53.62 $\pm$ 4.52	0.099	0.921
	Total	182.63 $\pm$ 9.16	181.30 $\pm$ 7.16	0.888	0.376
Post-teaching	Cognition	73.10 $\pm$ 6.35	76.95 $\pm$ 5.18	-3.640	<0.001
	Courage	58.28 $\pm$ 6.20	61.10 $\pm$ 6.31	-2.466	0.015
	Patience	55.97 $\pm$ 6.21	58.13 $\pm$ 5.12	-2.086	0.039
	Total	187.35 $\pm$ 14.76	195.08 $\pm$ 14.87	-2.859	0.005

2.2 Comparison of Emotional Intelligence Between the Two Groups

Before the intervention, there were no statistically significant differences in the total score of emotional intelligence and scores of each dimension between the two groups ($P>0.05$); after the

intervention, the total score and scores of emotion perception, self-emotion regulation, others' emotion understanding, and emotion utilization dimensions in the observation group were significantly higher than those in the control group, with statistically significant differences ($P<0.05$). See Table 2.

Table 2 Comparison of Emotional Intelligence Scores Between the Two Groups Before and After Teaching (mean $\pm$ SD, scores)

Stage	Dimension	Control Group (n=60)	Observation Group (n=60)	<i>t</i>	<i>P</i>
Pre-teaching	Emotion Perception	44.23 $\pm$ 3.04	43.77 $\pm$ 3.34	0.800	0.425
	Self-Emotion Regulation	29.05 $\pm$ 2.67	28.60 $\pm$ 3.05	0.859	0.392
	Others' Emotion Understanding	22.28 $\pm$ 2.76	21.75 $\pm$ 3.19	0.980	0.329
	Emotion Utilization	25.13 $\pm$ 3.51	25.50 $\pm$ 3.48	-0.574	0.567
	Total Emotional Intelligence	120.70 $\pm$ 6.09	119.62 $\pm$ 7.66	0.857	0.393
Post-	Emotion Perception	44.90 $\pm$ 3.09	47.08 $\pm$ 3.65	-3.538	0.001

teaching	Self-Emotion Regulation	30.75±3.19	33.07±3.01	-4.091	<0.001
	Others' Emotion Understanding	24.42±3.16	26.90±2.01	-5.141	<0.001
	Emotion Utilization	27.07±3.32	28.80±3.00	-2.998	0.003
	Total Emotional Intelligence	127.13±7.54	135.85±6.49	-6.784	<0.001

2.3 Comparison of Supportive Communication Ability Between the Two Groups

Before the intervention, there were no statistically significant differences in the total score of supportive communication ability and scores of each dimension between the two groups ($P>0.05$); after the intervention, the total score and scores of consultation and

guidance, effective negative feedback, and supportive communication dimensions in the observation group were significantly higher than those in the control group, with statistically significant differences ($P<0.05$), and the total score of the observation group reached the “good” level (64-71 points). See Table 3.

Table 3 Comparison of Supportive Communication Ability Scores Between the Two Groups Before and After Teaching (mean ± SD, scores)

Stage	Dimension	Control Group (n=60)	Observation Group (n=60)	t	P
Pre-teaching	Consultation and Guidance	10.02±3.30	9.62±3.31	0.663	0.509
	Effective Negative Feedback	18.33±3.23	18.07±3.38	0.442	0.659
	Supportive Communication	33.10±3.27	32.92±3.38	0.302	0.763
	Total	61.45±7.14	60.60±7.39	0.641	0.523
Post-teaching	Consultation and Guidance	11.05±3.29	13.37±3.02	-4.018	<0.001
	Effective Negative Feedback	19.02±3.00	20.90±2.94	-3.474	0.001
	Supportive Communication	32.98±3.10	36.08±2.59	-5.948	<0.001
	Total	63.05±9.13	70.35±6.48	-5.052	<0.001

2.4 Comparison of Teaching Effect Evaluation Between the Two Groups

After the intervention, the total score of teaching effect evaluation and scores of each dimension in the observation group were significantly higher than those in the control group, with statistically

significant differences ($P<0.05$). Moreover, the total score of the observation group was much higher than the median (75.5 points), indicating that students had a high recognition of the integrated teaching method of professional values education and scenario simulation. See Table 4.

Table 4 Comparison of Teaching Effect Evaluation Scores Between the Two Groups (mean ± SD, scores)

Dimension	Control Group (n=60)	Observation Group (n=60)	t	P
Scenario-Simulation Teaching Effect	50.70±3.79	52.88±4.26	-2.966	0.004
Values Education Teaching Effect	21.75±3.19	25.93±3.02	-7.369	<0.001
Case Compilation Effect	23.67±3.71	25.35±1.50	-3.268	0.002
Overall Recognition	3.10±1.28	4.28±0.78	-6.092	<0.001
Total	99.22±6.52	108.45±5.33	-8.486	<0.001

3. Discussion

3.1 The Integrated Teaching Method of Professional Values Education and Scenario Simulation

Significantly Improves Students' Humanistic Care Ability

The modern nursing model has shifted from “disease-centered” to “patient-centered”, and humanistic care has become a core indicator

of clinical nursing quality[18]. However, the humanistic care ability of domestic nursing students is generally at a medium to low level, and the main reason is the “emphasis on operation while neglecting emotion” in traditional practical teaching[19]. In this study, the total score of humanistic care ability in the observation group was significantly higher than that in the control group ($P<0.05$), and higher than the results of the study by Zhang Peihua et al[20]. The reasons are as follows: ①Scenario cases are “derived from clinical practice and optimized beyond clinical practice”: For example, the scenario of “Granny Li’s preoperative anxiety” allows students to experience the psychological pressure caused by diseases through role-playing (as patients), thereby proactively paying attention to patients’ emotions in nursing simulations; ②Value-based guidance is “subtle and imperceptible”: Through discussions on “how to alleviate patients’ fear of surgery”, teachers guide students to understand that “humanistic care is not a slogan but a word of comfort and a moment of listening”, and deepen their cognition through reflection logs, ultimately internalizing the concept of “patient-centered care” into behavioral habits.

3.2 The Integrated Teaching Method Significantly Improves Students’ Emotional Intelligence

Emotional intelligence is a key ability for nursing students to cope with complex clinical situations. They not only need to regulate their own negative emotions caused by work pressure but also perceive patients’ emotional needs[21-22]. In this study, the total score of emotional intelligence in the observation group reached (135.85 ± 6.49), which was higher than the median (133 points) and significantly higher than that in the control group ($P<0.05$), consistent with the study by Huang Lu et al[23]. The mechanism is as follows: ①Scenario design “triggers emotional experience”: For example, in the scenario of “patients’ families offering red envelopes”, students face the conflict between “human feelings and principles” and need to regulate their own tension and explain gently during the simulation, thereby improving the ability of “self-emotion regulation”; ②Clinical cases “strengthen emotional cognition”: The insertion of the case of “multidisciplinary collaboration in rescuing the elderly” helps students understand that “team support can alleviate patients’ anxiety”, thereby improving the ability of “using emotions to promote nursing quality”.

3.3 The Integrated Teaching Method Significantly Improves Students’ Communication Ability

Poor nurse-patient communication is one of the main causes of nurse-patient conflicts[24]. In this study, the total score of supportive communication ability in the observation group reached the “good” level (70.35 ± 6.48), which was significantly higher than that in the control group ($P<0.05$), consistent with the study by Tan Wenpeng et al[25]. The reasons are as follows: ①Scenario simulation “provides a communication practice platform”: For example, in the scenario of “psychological counseling for stoma patients”, students need to design communication strategies (e.g., “Your stoma care is very good, and many patients can live a normal life after surgery”) and optimize their expression in group rehearsals; ②Values elements “clarify the value of communication”: Through the guidance of “ethical practice” and “humanistic care”, students realize that “communication is not only about conveying information but also about building trust”, thereby proactively learning communication skills such as “listening and empathy” and avoiding “mechanical notification”.

3.4 The Integrated Teaching Method Significantly Improves Teaching Effect

In this study, the total score of teaching effect evaluation in the observation group was significantly higher than that in the control group ($P<0.05$), and the scores of all dimensions were high, indicating that students recognized the integrated teaching method of professional values education and scenario simulation. The reasons are as follows: ①Students “shift from passive acceptance to active participation”: Pre-class compilation of values-integrated scenario scripts, in-class participation in role simulation, and post-class writing of reflection logs make students the main body of learning, improving their learning enthusiasm; ②Teachers “shift from skill teaching to education guidance”: The team teachers ensure the synergy of value-oriented goals and skill goals through collective lesson preparation, avoiding “forced integration of values elements”, and narrow the teacher-student distance through feedback on reflection logs; ③Cases “shift from single skills to comprehensive literacy”: Cases cover both operational key points and values elements, enabling students to establish correct professional values while learning skills, which meets the requirements of the “trinity” talent cultivation goal.

4. Conclusion

Through the systematic design of “establishing a full-time and part-time team, revising value-oriented syllabuses, developing clinical cases, and implementing hierarchical teaching”, the integrated teaching method of professional values education and scenario simulation realizes the in-depth integration of “skill training” and “value guidance” in Surgical Nursing practical training. This method not only significantly improves students’ humanistic care ability, emotional intelligence, and communication ability but also enhances teaching effect, providing a replicable and promotable model for the values-oriented reform of nursing practical training courses. In the future, it can be combined with other specialized practical training courses (e.g., Medical-Surgical Nursing, Obstetrics and Gynecology Nursing) to optimize the ethically integrated scenario case database, further expand the application scope, and help cultivate high-quality nursing talents that meet the needs of the “Healthy China” strategy.

References

1. Jiao, Z. Z., Li, H., Yuan, X., Wang, Y., Li, C. Y., Gao, Y., & Zhang, X. M. (2025). Construction of ideological and political evaluation index system for Health Assessment course based on CIPP theoretical model. *Jilin Medical Journal*, 46(9), 2312–2316.
2. Xu, Y. X., Chen, J., Ren, X., Huo, J. W., Li, R., Zhu, S. Y., & Luo, A. X. (2026). Cluster analysis and visualization of comprehensive psychological quality of nursing undergraduates from the perspective of curriculum ideological and political education. *Chinese Nursing Research*, 40(3), 411–418.
3. Yang, F. Z. (2024). Construction and application of ICU nurses’ professional quality training program based on narrative nursing theory [Master’s thesis, Yangzhou University].
4. Dong, G. F. (2023). Practical effect of integrating “benevolence, harmony, precision, sincerity” core values into nurse professional quality teaching. *Chinese Journal of Traditional Chinese Medicine Management*, 31(22), 148–150.
5. Xu, L. Y., Zhu, K. W., Gao, J. Q., Zhao, L., & Zou, F. Y. (2025). Teaching design and practice of ideological and political education in Pediatric Nursing course from the perspective of embodied cognition theory. *Medical Theory and Practice*, 38(14), 2498–2501.

6. Zhang, H. L., Zhu, X. W., Guo, J., & Ruan, D. (2024). Effect of integrating ideological and political education into Basic Nursing course on cultivating professional attitude of undergraduate nursing students. *Nursing and Rehabilitation*, 23(6), 58–62.
7. Cao, H. L. (2023). Construction of conceptual framework and cultivation strategy of nursing professionalism [Doctoral dissertation, Shanxi Medical University].
8. Xu, L. L., Nie, X. F., Li, Y., Ke, L., Sun, L., Cao, Q. Y., Xiao, J., Luo, Y. X., & Tao, L. X. (2025). Practical effect of experimental teaching of Fundamentals of Nursing with equal emphasis on soft and hard skills from the perspective of curriculum ideological and political education. *Journal of Nursing Science*, 40(2), 1–4.
9. Zhang, J., & Jia, J. (2025). Effect of Standardized Patients Combined With Situational Simulation Teaching Method on Learning Effect, Working Ability and Enthusiasm of Nursing Interns in a Respiratory Department: A Randomized Controlled Trial. *International journal of nursing practice*, 31(5), e70050.
10. Yu, X. Z., Ding, X. M., Guo, Y. F., Wang, F. A., & Yang, Z. H. (2023). Application of situational simulation combined with reflective journal in practical teaching of Surgical Nursing for undergraduates. *Chinese Journal of Nursing Education*, 20(10), 1169–1174.
11. Xu, J. (2008). Investigation on caring ability of hospital nursing staff [Master's thesis, Huazhong University of Science and Technology].
12. Wang, Y., Zhang, X., Xie, Q., Zhou, H., & Cheng, L. (2022). Humanistic caring ability of midwifery students in China and its associated factors: A multi-centre cross-sectional study. *Nurse education today*, 111, 105276.
13. Wang, C. K. (2002). Correlation study on emotional intelligence and related personality factors of juvenile delinquents. *Chinese Mental Health Journal*, 16(8), 566–567, 565.
14. Durham, M. R. P., Smith, R., Cloonan, S., Hildebrand, L. L., Woods-Lubert, R., Skalamera, J., Berryhill, S. M., Weihs, K. L., Lane, R. D., Allen, J. J. B., Dailey, N. S., Alkozei, A., Vanuk, J. R., & Killgore, W. D. S. (2023). Development and validation of an online emotional intelligence training program. *Frontiers in psychology*, 14, 1221817.
15. Kou, H., Bi, T., Chen, S., Li, X., He, Y., Xie, Q., & He, J. (2022). The impact of mindfulness training on supportive communication, emotional intelligence, and human caring among nursing students. *Perspectives in psychiatric care*, 58(4), 2552–2561.
16. Song, J. Y., Zhang, R. T., Wang, Y. F., Li, C., Wu, R. X., & Wang, Y. (2025). Mediating role of humanistic care quality between emotional intelligence and clinical communication ability of nurses. *Nursing Practice and Research*, 22(8), 1141–1148.
17. Li, H., Qiu, Y. L., Zhan, T. X., & Wei, X. H. (2020). Application of ideological and political education in situational simulation teaching of Medical-Surgical Nursing. *Journal of Nursing Science*, 35(13), 60–62.
18. Zhang, Y., Li, S., Huang, Y., Song, C., Li, J., Chen, W., & Yang, Y. (2024). Correlation between ethical sensitivity and humanistic care ability among undergraduate nursing students: a cross-sectional study. *BMC nursing*, 23(1), 863.
19. Hu, Y. N., Huo, J., Zou, H. H., Ge, G. Q., Hou, S. C., Li, L. M., & Guo, S. J. (2022). Correlation between work-family support and humanistic care ability of nurses. *Journal of Nursing Science*, 37(5), 45–47.
20. Zhang, P. H., Liang, L. L., Cheng, L., Zhou, H., & Wu, J. H. (2023). Application effect of situational simulation teaching integrated with ideological and political education in nursing students of three academic levels. *Health Vocational Education*, 41(17), 73–76.
21. Wang, Y., Zhang, Y., Liu, M., Zhou, L., Zhang, J., Tao, H., & Li, X. (2020). Research on the formation of humanistic care ability in nursing students: A structural equation approach. *Nurse education today*, 86, 104315.
22. Huang, H. M., Jiang, G. M., Yang, X. M., Shen, Z. F., & Ma, L. (2025). Chain mediating role of empathy and emotional intelligence between professional identity and work engagement of nursing students. *Chinese Journal of General Practice*, 23(9), 1600–1604.
23. Huang, L., Song, G. Q., Wu, Y., Wang, Y. Y., Tu, M. J., Wu, Z. X., & Xu, J. X. (2023). Effect of situational simulation teaching on humanistic care ability of junior nurses. *Health Vocational Education*, 41(14), 91–94.
24. Högländer, J., Holmström, I. K., Lövenmark, A., Van Dulmen, S., Eide, H., & Sundler, A. J. (2023). Registered nurse-patient communication research: An integrative review for future directions in nursing research. *Journal of advanced nursing*, 79(2), 539–562.
25. Tan, W. P., Yan, Y., & He, X. Q. (2023). Effect of PBL combined with situational simulation teaching on language expression and communication ability of medical students. *Clinical Education of General Practice*, 21(4), 340–342.